PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000034917

1. Corporation Name

TELEVISION ADVERTISING SUCCESS, INC. PARTNERS,

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Principal Place of Business	Mailing Address
171 LAKEVIEW WAY	171 LAKÉVIEW WAY
OLDSMAR FL 34677	OLDSMAR FL 34677

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90195 048 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/15/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59 - 353 25°73 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Zip Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 82 1668 BAYSHORE BOULEVARD DUNEDIN FL 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change □ DELETE 11 TITLE TITLE Michael E. Schuch RITCHIE. HOWARD F JR NAME N,52 W. 16509 DAK RIDGE TR. 171 LAKEVIEW WAY 1.3 STREET ADDRESS STREET ADDRESS Menomovee FAlls, WI 53051 OLDSMAR FL 34677 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADL STREET ADDRESS PLEASE SENO 2. 4 CITY-ST-ZII CITY-ST-ZIP Centificare of Status to: Addition TITLE ☐ DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADD STREET ADDRESS Michael E. Schuch 3.4. CITY-ST-ZIF CITY-ST-ZIP W.52 W. 16509 OBERIOGETE ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME Menomonee Falls. W. 53051 4.3 STREET ADD STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 51 TM F TITLE 5.2 NAME NAME 5.3 STREET ADD STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDE STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption st indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)